

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Harlow N. Higinbotham CASE NO. 18-31185

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS
FOR MONTH ENDING DECEMBER 31, 2018

BEGINNING BALANCE IN ALL ACCOUNTS* \$ 85,587.50

RECEIPTS:

1. Receipts from operations \$ 14,463.51
2. Other Receipts \$ 998.97

DISBURSEMENTS:

3. Net Payroll:
a. Officers \$ _____
b. Others \$ _____
4. Taxes
a. Federal Income Taxes \$ _____
b. FICA withholding \$ _____
c. Employee's withholding \$ _____
d. Employer's FICA \$ _____
e. Federal Unemployment Taxes \$ _____
f. State Income Taxes \$ _____
g. State Employee withholding \$ _____
h. All other state taxes \$ _____
5. Necessary expenses:
a. Rent or mortgage payment(s) \$ _____
b. Utilities \$ 896.08
c. Insurance \$ 7,667.68
d. Merchandise bought for manufacture or sale \$ _____
e. Other necessary expenses
(specify)
Groceries, household items, bedding, shoes, ATM card fee \$ 32,503.31
Child care, housekeeping, farm expenses, gas, repairs \$ _____

TOTAL DISBURSEMENTS \$ 41,067.07

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ (25,604.01)

ENDING BALANCE IN - Associated Bank \$ 19,750.41
NT* \$ 36,510.00
NT* \$ 3,742.50

ENDING BALANCE IN ALL ACCOUNTS \$ 60,002.91

*Balance reflects Debtor's 50% interest. Accounts frozen

Case Name: In Re: HARLOW N HIGINBOTHAM, Debtor

Case No. 18 B 31185

RECEIPTS LISTING

FOR MONTH ENDING: December 31, 2018

Bank: Associated Bank
Location: 525 W Monroe Street Chicago, IL 60661
Account Name: Harlow N Higinbotham
Account No. 2151 045 255

DATE RECEIVED	DESCRIPTION	AMOUNT
4-Dec-18	Health savings account distribution	\$985.00
4-Dec-18	Pension payment	758.88
14-Dec-18	NERA payroll	4,852.54
21-Dec-18	Fiduciary fee income	4,000.00
28-Dec-18	NERA Payroll	4,852.09
31-Dec-18	Walmart refund to debit card	13.97
	TOTAL:	\$15,462.48

Case Name: In Re: HARLOW N HIGINBOTHAM, Debtor

Case No. 18 B 31185

DISBURSEMENT LISTING

FOR MONTH ENDING: December 31, 2018

Bank: Associated Bank
Location: 525 W Monroe Street Chicago, IL 60661
Account Name: Harlow N Higinbotham
Account No. 2151 045 255

DATE DISBURSED	CHECK NO.	DESCRIPTION	AMOUNT
12/3/2018	Debit	German Glass: sundry gift	\$112.79
12/3/2018	Debit	Primebar: meals	80.00
12/3/2018	Debit	Jewel-Osco: groceries	170.96
12/3/2018	Debit	Home Depot: sundry	113.37
12/3/2018	1003	Chubb: Homeowners insurance	3,340.16
12/4/2018	1002	1500 Lake Shore Drive Bldg Corp: monthly assessment	7,686.85
12/5/2018	Debit	Holiday Inn	104.49
12/5/2018	1005	Comcast: TV/Internet	325.59
12/6/2018	Debit	2649 - 25: sundry	6.00
12/7/2018	Debit	Beatrix: lunch	6.63
12/7/2018	Debit	SQU*SQ*HI: groceries	20.95
12/7/2018	Debit	German Glass: sundry gift	100.71
12/7/2018	1009	Annette & Hugo Drews: household expenses and maintenance	2,370.60
12/10/2018	Debit	Beatrix: lunch	6.63
12/10/2018	Debit	Village Pharmacy: prescription drugs	439.40
12/10/2018	Debit	AT&T: phone service	145.75
12/10/2018	Debit	Beatrix: lunch	6.63
12/10/2018	Debit	Newberry Library: books	31.48
12/10/2018	Debit	Jewel-Osco: groceries	258.30
12/10/2018	Debit	Commissary 1350 Lake Shore: groceries	17.86
12/10/2018	1011	AT&T: phone service	72.19
12/10/2018	1010	Noah Nicholas: property maintenance	375.00
12/11/2018	1012	AT&T: phone service	132.73
12/11/2018	1006	American Child Care: nursing services	7,305.86
12/12/2018	Debit	Beatrix: lunch	6.63
12/13/2018	Debit	ATM: cash	122.25
12/13/2018	Debit	ATM fee	2.50
12/13/2018	Debit	Potash Bros: groceries	11.13
12/13/2018	1007	Country Financial: farm insurance	3,899.16
12/13/2018	Debit	ATM fee	2.00
12/17/2018	Debit	Beatrix: lunch	6.13
12/17/2018	Debit	Beatrix: lunch	8.72
12/17/2018	Debit	Walgreens: cold medicines	19.31
12/17/2018	Debit	Shell: gasoline	45.53
12/17/2018	Debit	Midas: brake repair	1,491.74
12/17/2018	Debit	Jewel-Osco: groceries	120.57
12/17/2018	Debit	BP: gasoline	3.64
12/17/2018	Debit	Walgreens: OTC medicines	87.57
12/17/2018	Debit	Apple Store: cellphone battery	31.97
12/17/2018	Debit	Potash Bros: groceries	45.49
12/17/2018	Debit	Apple: cloud storage	0.99
12/17/2018	1008	Will County Farm Bureau: membership (for insurance)	75.00
12/17/2018	1014	Noah Nicholas: property maintenance	625.00
12/18/2018	Debit	Walgreens: OTC medicines and sundry	77.27
12/18/2018	1015	American Child Care: nursing services	8,668.19
12/19/2018	Debit	Beatrix: lunch	6.63
12/19/2018	Debit	German Glass: sundry gift	21.99
12/20/2018	Debit	King Heating: service call	89.00
12/21/2018	Debit	DirectTV: monthly service	219.82
12/21/2018	1013	Rebecca Van't Hof: reimbursement for car repair	200.00
12/21/2018	1018	The Casino: refreshments	18.75
12/24/2018	1016	Marzena Pasula: housekeeping	1,083.40
12/26/2018	1017	State Farm: auto insurance	353.36
12/28/2018	Debit	ATM: cash	122.25
12/28/2018	Debit	ATM fee	2.50
12/31/2018	Debit	Beatrix: lunch	6.63
12/31/2018	Debit	Beatrix: lunch	6.63
12/31/2018	Debit	Jewel-Osco: groceries	129.49
12/31/2018	Debit	Shell: gasoline	60.00
12/31/2018	Debit	Jewel-Osco: groceries	152.36
12/31/2018	Debit	Jewel-Osco: groceries	12.54
TOTAL			\$41,067.07

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FOR PERIOD ENDING DECEMBER 31, 2018

STATEMENT OF INVENTORY

Beginning inventory	\$ <u>NA</u>
Add: purchases	\$ <u>NA</u>
Less: Goods sold (cost basis)	\$ <u>NA</u>
Ending inventory	\$ <u>NA</u>

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ <u>NA</u>
Payroll taxes due but unpaid	\$ <u>NA</u>

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular Payment is due	Amount of Regular Payment	Number of Payments Delinquent*	Amounts of Payments Delinquent*
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*Include only post-petition payment

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STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$ <u>NA</u>
Add: sales on account	\$ <u>NA</u>
Less: collections	\$ <u>NA</u>
End of month balance	\$ <u>NA</u>

0-30 <u>Days</u>	31-60 <u>Days</u>	61-90 <u>Days</u>	Over 90 <u>Days</u>	End of Month <u>TOTAL</u>
\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$ <u>NA</u>
Add: credit extended	\$ <u> </u>
Less: payments on account	\$ <u> </u>
End of Month balance	\$ <u>NA</u>

0-30 <u>Days</u>	31-60 <u>Days</u>	61-90 <u>Days</u>	Over 90 <u>Days</u>	End of Month <u>TOTAL</u>
\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

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FOR PERIOD ENDING DECEMBER 31, 2018

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post-petition taxes or withholding have been paid currently

1.	Federal Income Taxes	Yes (X)	No ()
2.	FICA withholdings	Yes (X)	No ()
3.	Employee's withholdings	Yes (X)	No ()
4.	Employer's FICA	Yes (X)	No ()
5.	Federal Unemployment Taxes	Yes (X)	No ()
6.	State Income Tax	Yes (X)	No ()
7.	State Employee withholdings	Yes (X)	No ()
8.	All other state taxes	Yes (X)	No ()

If any of the above have not been paid, state below the tax not paid, the amount past due and the date of last payment.

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INSURANCE QUESTIONNAIRE

Debtors in possession and trustees are required to maintain appropriate insurance on property of the estate to avoid risk to the estate or to the public. See 11 U.S.C. 1007(a) and 1112(b)(4)(C).

1. For each policy of insurance maintained by the debtor in possession as of the Petition Date, state the following (*provide certificates of insurance for each policy if not already provided*):

Carrier	Policy No.	Coverage Type	Policy Expiration Date	Cancellation Date, If applicable*
Country Mutual Ins. Co.	AL8835266	Real & Personal Property	11/15/2019	
Great Northern Inc. Co.	1205582701	Real & Personal Property	12/11/2019	
State Farm	831387B0913E	Vehicle	4/9/19	
State Farm	6590272A0413	Vehicle	1/4/19	
RLI Insurance	PUP0213883	Personal Umbrella Liability Policy	2/13/19	

*If a policy was cancelled for any reason during the reporting period, identify the reason for cancellation (i.e., non-payment, sale of asset, abandonment, etc.)

2. Have all required insurance premium payments during the reporting period been made? identify the policy for which premiums have not been paid, the amount due, and reason for nonpayment (attach separate sheet if necessary).

Yes

3. Has the debtor/trustee received notice from any insurer during the reporting period that a policy of insurance is subject to cancellation or non-renewal? If so, identify the carrier, coverage type and basis for potential cancellation or non-renewal (attach separate sheet if necessary).

No

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DECLARATION UNDER PENALTY OF PERJURY

I, Harlow N. Higinbotham, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in the Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

For the Debtor In Possession (Trustee)

Print or type name and capacity of
person signing this Declaration:

Harlow N. Higinbotham

Dated:

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I, Harlow N. Higinbotham, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in the Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

Harlow N. Higinbotham
For the Debtor In Possession (Trustee)

Print or type name and capacity of
person signing this Declaration:

Harlow N. Higinbotham

Dated: